Department of the Treasury

Internal Revenua Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For the	2009 calendar year, or tax year beginning SEP 1, 2009 and ending	AUG 31, 2010					
В	Check if applicable	Pleasa usa IRS	D Employer identification	ation number				
	Addre:							
	☐Name chang	Doing Business As	58-22	15576				
	Initial retum Termir ated	See Specific Instruct 2 4 2 STONE MOUNTAIN STREET Room/si		25-8204				
	Amend	ded trons	G Gross receipts \$	2,153,840.				
	Applic	HAWKENCEVIELE, GA 30040 3004	H(a) Is this a group ret					
	pendir	F Name and address of principal officer:DAVID C. TRELEN	for affiliates?	Yes X No				
_			45 H(b) Are all affiliates inclu					
		empt status:		st. (see instructions)				
		te: ► FINDTHEKIDS . COM  organization X Corporation Trust Association Other ► L Y	H(c) Group exemption 1995 M					
	art I	Summary	ear of formation 1999 M	State of legal dorniche GA				
		Briefly describe the organization's mission or most significant activities. LOCATING	MISSING CHILD	DREN				
Activities & Governance	'	briefly describe the organization's mission of most significant detrates						
r L	2	Check this box   if the organization discontinued its operations or disposed of n	nore than 25% of its net ass	sets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	12				
<u>ග</u> නේ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9				
es	5	Total number of employees (Part V, line 2a)	5	2				
Σį	6	Total number of volunteers (estimate if necessary)	6	5				
Act		Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0				
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
		Contributions and greats (Dod VIII June 4 b)	Prior Year 2,570,322.	Current Year 2,143,338.				
Revenue		Contributions and grants (Part VIII, line 1h)	2,310,322.	2/143/330.				
Ver		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,257.	3,184.				
ď		Other revenue (Part VIII, c <del>plumn (A), tines 5, 4, and 70,</del> and 11e)	10,632.	7,318.				
		Total revenue - add lines 8 through 14-(must equal Part VIII, column (A), line 12)	2,587,211.	2,153,840.				
		Grants and similar amounts paid (Part IX, column (A), lines 3-3)	•					
		Benefits paid to or for members (Patt IX, Bolympn (Α), line						
S		Salaries, other compensation, employee benefits (Part IX, solumn (A), lines 5·10)	185,216.	194,433.				
Expenses	16a	Professional fundraising fees (Part IX column (A), line 11 6).	2,289,907.	1,916,491.				
ă.	b	Total fundraising expenses:(Part IX, column (b), line 25) 1,916,491.		1.60.006				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	169,523.	168,826.				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,644,646.	2,279,750.				
		Revenue less expenses. Subtract line 18 from line 12	<57,435.	<125,910.>				
Net Assets or Find Balances		Total access (Dod V loss 40)	Beginning of Current Year 468,018.	End of Year 262, 466.				
ASSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	257,049.	181,241.				
Set	22	Net assets or fund balances. Subtract line 21 from line 20	210,969.	81,225.				
, , , , , ,	art II	Signature Block						
نستسا		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle		e and belief, it is true, correct,				
		and complete Declaration of preparer total officery is based on all minimation of which preparer has any knowled	_	a				
Sig	ın	1 Jula Shil		8-11				
He	re	Signature of officer	Date					
		DAVID C. THELEN, CEO						
_		Type or print name and title	Check If Preparer	's identifying number				
Pal	d	Preparer's Mcules 7 Lyn CPA 11/8/11	self- (see inst	ructions)				
Pre	parer's	Firm's name (or LYON CPA'S, PC	employed  EIN					
Use	Only	yours if self-employed), P. O. BOX 931658	LIVE					
		address, and ZIP + 4 NORCROSS, GA 30003-1658	Phone no ► 77	70-493-6606				
— Ma	y the li	RS discuss this return with the preparer shown above? (see instructions)	1	X Yes No				
	001 02-0		instructions.	Form <b>990</b> (2009)				

	990 (2009)	COMMITTEE				INC.	58-221	.5576_	Page 2
	<del>. '</del>	f Program Service					<u> </u>		
	Briefly describe the org				O FOR CO				NTM C
		OREMOST, WE					WE ASSIST		
	PROTECTED.	G THE HELP T	THEI	DESERVE	AND ENSUR	CING THAT	THEIR KIC	into A	KE
	PROTECTED.								
2	Did the organization up	ndertake any significan	t orogram	services during	the year which w	vere not listed on			
	the prior Form 990 or 9	• •	t program	Services during	y the year willon w	vere not listed on		Yes	X No
		e new services on Sch	edule O.						
		ease conducting, or ma		cant changes in	how it conducts,	any program ser	vices?	Yes	X No
		e changes on Schedule		J	·	, ,			
4	Describe the exempt p	urpose achievements t	or each o	of the organizati	on's three largest	program services	s by expenses.		
	Section 501(c)(3) and 5	501(c)(4) organizations	and secti	on 4947(a)(1) tr	usts are required t	to report the amo	ount of grants and		
	allocations to others, th	he total expenses, and	revenue,	ıf any, for each	program service r	reported			
	<del></del>		214	<u> </u>			· · · · · · · · · · · · · · · · · · ·		<del></del>
	(Code:	) (Expenses \$		558 Include		EDIICAMTO	) (Revenue \$	3	)
		N OF PHOTOS							
		PARENT ADVO							
	DATABASE FUI	K THE DENEF.	LI OF	PARENTS	AND LAW	ENFORCEM	ENI AGENCI	.EO	<del></del>
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4b	(Code:	) (Expenses \$		ıncludi	ng grants of \$		) (Revenue \$		)
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4c	(Code:	) (Expenses \$			ing grants of \$		) (Revenue \$		١
40	(Code.	) (Expenses 4		meida	ing grants or $\psi$		) (i levellue w		,
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4d		s. (Describe in Schedu					_		
	(Expenses \$		g grants	of \$	) (Rev	enue \$	)		
4e	Total program service	e expenses > \$	3	14,558.				F 0	90 (2000)
								rorm 9	<b>90</b> (2009)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes, " complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No  12A  X			
	11 Tes, completing concease b, 1 a to 7th, and 7th to optional	40		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	Х	
14a		14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14b		X
45	and program service activities outside the United States? If "Yes," complete Schedule F, Part I  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140	<u> </u>	-
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			<del></del>
16	located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<del></del> -
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
. •	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990	2009)

Form	990 (2009) COMMITTEE FOR MISSING CHILDREN, INC. 58-2215	576	Р	age 4
Pai	t IV Checklist of Required Schedules (continued)			
			<b>Ye</b> s	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			-
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

Form **990** (2009)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		ı	Ī	·····	res	NO
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		_			
	U.S. Information Returns. Enter -0- if not applicable	<u>1a</u>	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u> </u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?	1	1	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		,			
	filed for the calendar year ending with or within the year covered by this return	_2a	2	1 1	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined federal employment tax returned federal employm		_	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					v
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				Х	
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	Λ	
b	If "Yes," enter the name of the foreign country: ► GERMANY	<u> </u>				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and			
_	Financial Accounts.			E-		X_
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		•	5a 5b	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was only in the party of the			30		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardax Shelter Transaction?	araing	rionibilea	5c		
6.	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he ora	anization solicit	30		
<b>v</b> a	any contributions that were not tax deductible?	ie org	amzation solicit	6a		Х
<b>.</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions	tions o	or aifts			
	were not tax deductible?		, giito	6b		
7	Organizations that may receive deductible contributions under section 170(c).			17.11		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services			
_	provided to the payor?	J		7a		Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	juired			
	to file Form 8282?			7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	oersor	al			
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		<u> </u>
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g	_	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or					
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess b	usiness holdings	_	•	
	at any time during the year?			8	ļ	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?			9b_		<del> </del>
10	Section 501(c)(7) organizations. Enter:	100	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b		1		
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100	·	1		
11	Section 501(c)(12) organizations. Enter:	11a	1			
a	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	110		1		
b	amounts due or received from them )	11b				
192	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				[ ]
	11 190) Since the different of the exempt interest received of decrees defining the jew			Form	990	(2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line da, da, di 100 below, describe the circumstances, processes, di changes in ochiedule C. Gee institucions.			
<u>Sec</u>	tion A. Governing Body and Management			
	Enter the number of voting members of the governing body		Yes	No
	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		х	
_	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Х
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		X
6	Does the organization have members or stockholders?	<b>-</b> 0-		<u></u>
7a		<b>-</b> -		Х
	governing body?	7a	_	X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		v	
_	The governing body?	8a	_X _X	
ь	Each committee with authority to act on behalf of the governing body?	8b_		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
		40-	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	106		
	and branches to ensure their operations are consistent with those of the organization?	10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11		<del></del>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Δ_	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b	х	
	to conflicts?	120	1	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c		Х
40	In Schedule O how this is done	13	Х	
13	Does the organization have a written whistleblower policy?	14	X	
14	Does the organization have a written document retention and destruction policy?	1.7	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	•	Х
a	The organization's CEO, Executive Director, or top management official	15b		X
D	Other officers or key employees of the organization	· · · · · · · · · · · · · · · · · · ·		<del></del> _
18-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ıva	taxable entity during the year?	16a	•	Х
<b>L</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			<del></del>
U	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	į į	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶GA, UT, ND, AL, CT, IL, KS, KY, LA	, ME	, MD	, MA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available		•	
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
. •	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	•	
	DAVID THELEN - 800-525-8204			
	242 STONE MOUNTAIN ST, LAWRENCEVILLE, GA 30045			
_		Form	990	(2009)

932006 02-04-10

SEE SCHEDULE O FOR FULL LIST OF STATES

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours	Position (check all that apply)					lv۱	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual frustee or director	Institutional frustee	Officer		Highest compensated C		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DAVID THELEN								22.125		
DIRECTOR/CEO	40.00	X		X		<u> </u>		89,186.	0.	0.
KAREN THELEN	10 00			J.				42 000	0.	0.
DIRECTOR/SECRETARY	40.00	X	-	X			<u> </u>	43,000.	0.	0.
CHRISTIANE HIRTS DIRECTOR	40.00	X		1				44,301.	0.	0.
GEORGE W. MARLOW	10.00	1			-			11,0010		
DIRECTOR/TREASURER		X		Х				0.	0.	0.
DONALD PUTTERMAN										
DIRECTOR		X				ļ		0.	0.	0.
JOHN STRANGE				ŀ					0	0
DIRECTOR		X		<u> </u>	L	<u> </u>		0.	0.	0.
LINDA SHAY GARDNER DIRECTOR		х						0.	0.	0.
BARBARA KURTH		^	├	<u> </u>	<del> </del>	$\vdash$	<del> </del>		0.	
DIRECTOR/VICE PRESIDENT		Х		x				0.	0.	0.
HARALD WEISKER										
DIRECTOR/PRESIDENT	_	X		X				0.	0.	0.
BILL WATERMAN					1					
DIRECTOR		X		<u> </u>	ļ	ļ		0.	0.	0.
NOEL P. WALSH										_
DIRECTOR		X		├	-	-	-	0.	0.	0.
BOB WHEELER DIRECTOR/VICE PRESIDENT		x		X				0.	0.	0.
RALF SCHMITT		^	╁	^		+				•
DIRECTOR		x						0.	0.	0.
<u> </u>	_		T			<u> </u>				
					<u> </u>					
		+	_	$\vdash$	<del>                                     </del>	╂	<u> </u>			
				T		1				

TO	(A)  Name and title	(B) Average	mple			<b>)</b>		est	(D)  Reportable	(E) Reportable	(F)			
	Name and the	hours		check all that				ly)	compensation	compensation from related		am	ount other	of
		week	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		orga and	pensa om th inizat relat nizati	e tion ted
						_								
								_				_		
				·							_			
415	<b>*</b>								176,487.		0.			0.
2	Total  Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed at	oov	e) wt	no re	<del></del>	,000 in reportable		•		0
3	Did the organization list any former office			, ke	y em	ıplo	yee,	or h	nighest compensated er	nployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le co						•	the organization		4		X
5	Did any person listed on line 1a receive of the organization? If "Yes," complete Sche	r accrue compe	nsat	ion f						ices rendered to		5		Х
Sec 1	Complete this table for your five highest of	compensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pensa	ation fr	om	
	the organization. (A)								(B)			(C	)	
	Name and busines NTEL, INC., 101 NE 3RI UDERDALE, FL 33301		03	, 1	T				Description of s	services		, 442		
NE	WPORT CREATIVE COMMUNI RAILROAD AVENUE, DUXE		0:	233	323	38	07		FUNDRAISING	COUNSEL	<del>-</del> _			35.
		<del></del>			_									
2	Total number of independent contractors \$100,000 in compensation from the organ		not li	mite	d to	tho	se li 2	stec	d above) who received n	nore than				

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must compl	ete column (A) but are	not required to comple (B)	te columns (B), (C), and	(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22		_		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,	176 407	162 260	12 210	
	trustees, and key employees	176,487.	163,268.	13,219.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)		-		
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				<del></del>
9	Other employee benefits	17,946.	17,005.	941.	
10	Payroll taxes	17,540.	17,003.		
11	Fees for services (non-employees):				
a		8,668.	7,834.	834.	
b		10,336.	9,361.	975.	
c بہ		10,330.	3/3011	3,00	-
d e	2 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	1,916,491.		~~~~~	1,916,491.
f	Investment management fees				
9	<u> </u>				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	9,733.	8,984.	749.	
15	Royalties		·		
16	Occupancy	22,343.	21,203.	1,140.	
17	Travel	25,359.	2,474.	22,885.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	75.		75.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,611.	2,415.	196.	
23	Insurance	3,265.	3,068.	197.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	מתסתתווט שוושתאת	21,224.	21,224.		
b	CASUAL LABOR	13,324.	12,174.	1,150.	
c	DUDI TO DEL AUTONO	12,022.	12,022.		
c	OFFICE SUPPLIES & EXPEN	9,133.	8,433.	700.	
e	WEB SITE DEVELOPMENT	4,300.	4,300.		<u> </u>
f	All other expenses	26,433.	20,793.	5,640.	
25	Total functional expenses. Add lines 1 through 24f	2,279,750.	314,558.	48,701.	1,916,491.
26	Joint costs. Check here ► X if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form <b>990</b> (2009)

Part X Balance Sheet (B) (A) End of year Beginning of year 223,308. 72,646. 1 1 Cash · non-interest-bearing 238,901. 183,085. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 46,897 basis. Complete Part VI of Schedule D 10a 41,586. 4,385. 5,311. 10b 10c b Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments · program-related. See Part IV, line 11 13 14 14 Intangible assets 1,424. 1,424. 15 15 Other assets. See Part IV, line 11 468,018. 262,466. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 16,241. 15,631. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 240,808. 165,610. 25 Other liabilities. Complete Part X of Schedule D 257,049. 181,241. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 210,969. 81,225. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 210,969. 81,225. 33 Total net assets or fund balances 33 262,466. 468,018.

Form 990 (2009)

Total liabilities and net assets/fund balances

Form	1990 (2009) COMMITTEE FOR MISSING CHILDREN, INC. 58-221	L5576	Pa	.ge <b>12</b>
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cther	. ,		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	<b>3</b> a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name (	of the	organiza	tior

COMMITTEE FOR MISSING CHILDREN, INC. Employer identification number 58-2215576

1	in i	Reason	for Public Chai	rity Status (All organiz	zations mu	ist comple	te this par	t.) See ins	tructions.			
The	organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)				
1	$\sqsubseteq$	A church, co	onvention of churche	es, or association of chur	rches desc	ribed in <b>se</b>	ection 170	(b)(1)(A)(i	).			
2		A school des	scribed in <b>section 1</b> °	<b>70(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)							
3		A hospital or	r a cooperative hosp	ital service organization	described	ın <b>section</b>	170(b)(1)	(A)(iii).				
4		A medical re	search organization	operated in conjunction	with a hos	spital desci	ribed in <b>s</b> e	ection 170	)(b)(1)(A)(ii	ii). Enter tl	ne hospital's	s name,
		city, and sta	te:									
5		An organizat	tion operated for the	benefit of a college or un	niversity o	wned or op	perated by	a govern	mental uni	t describe	ed In	
		section 170	<b>0(b)(1)(A)(iv).</b> (Compl	ete Part II.)								
6		A federal, sta	ate, or local governn	nent or governmental uni	it describe	d ın <b>sectio</b>	n 170(b)(	1)(A)(v).				
7	X	An organizat	tion that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	ublic descr	ibed in
		section 170	(b)(1)(A)(vi). (Comple	ete Part II.)								
8		A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9		An organizat	tion that normally red	ceives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembershi	p fees, an	d gross rec	elpts from
				nctions - subject to certa								
		Income and	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	ınızatıon a	fter June 30	), 1975.
		See section	509(a)(2). (Complet	e Part III.)								
10		An organizat	tion organized and o	perated exclusively to te	st for publ	ıc safety. S	See s <b>ect</b> io	on 509(a)(4	4).			
11		An organizat	tion organized and o	perated exclusively for th	he benefit	of, to perfo	orm the fu	nctions of	, or to carr	y out the p	ourposes of	one or
		more publicly	y supported organiz	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> e	ction 509(	a)( <mark>3).</mark> Che	ck the box t	that
		describes th	e type of supporting	organization and compl	ete lines 1	1e through	11h.					
		а 🔲 Туре	b	☐ Type II 💢	с 🔲 Тур	e III • Func	tionally in	tegrated		d 🔲	Type III · O	ther
е		By checking	this box, I certify the	at the organization is not	controlled	directly o	r indirectly	by one o	r more dise	qualified p	ersons othe	er than
		foundation n	nanagers and other	than one or more publicly	y supporte	ed organiza	itions des	cribed in s	ection 509	9(a)(1) or s	ection 509(	a)(2).
f		If the organiz	zation received a wri	tten determination from t	the IRS tha	atıtıs a Ty	pe I, Type	II, or Type	e III			
		supporting o	organization, check t	his box								
9		Since Augus	st 17, 2006, has the	organization accepted ar	ny gift or c	ontribution	from any	of the foll-	owing per	sons?	_	
		(i) A perso	on who directly or inc	directly controls, either al	lone or tog	ether with	persons o	described	ın (II) and (	III) below,		Yes No
		the gov	erning body of the s	upported organization?							11g(i)	
		(ii) A family	member of a perso	n described in (i) above?	1						11g(ii)	
		(iii) A 35%	controlled entity of a	a person described in (i) o	or (II) abov	e?					11g(iii)	
h		Provide the f	following information	about the supported or	ganızatıon	(s).						
			· · · · · · · · · · · · · · · · · · ·	····								
(i)	Name	of supported	(II) EIN	(ili) Type of		organization		u notify the	(vi) Is		(vii) Amo	ount of
	orga	anization		organization (described on lines 1-9		sted in your			organization (ii) organiz	ed in the	supp	
				above or IRC section	governing	document	(I) of you	r support?	US	2		
				(see Instructions))	Yes	No	Yes	No	Yes	No		
					ļ							
								Ì	]			
					<u> </u>			ļ	ļ			
<u>Tota</u>					<u> </u>	<u> </u>	<u> </u>					
LHA	For F	rivacy Act ar	nd Paperwork Redu	ction Act Notice, see th	he instruc	tions for			Schedul	e A (Form	990 or 990	)-EZ) 2009

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 COMMITTEE FOR MISSING CHILDREN, INC. 58-2215576 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in)▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2,925,037 2,624,037 include any "unusual grants.") 3,146,086 2,570,322 2,143,338 13,408,820. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 3,146,086. 2,925,037 2,624,037. 2,570,322. 2,143,338. 13,408,820. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 13,408,820. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (f) Total (c) 2007 (d) 2008 (e) 2009 13,408,820. 7 Amounts from line 4 3,146,086. 2,925,037 2,624,037. 2,570,322. 2,143,338 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 9,945 8,418. 12,405. 6,257. 3,184 40,209. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 7,318. 10,472 10,543 10,632 62,496. 23,531 assets (Explain in Part IV.) 13,511,525. 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.24 14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 99.36 15

15 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support						
Calendar year (or fiscal year beginning in)▶∟	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-			İ			
ızatıon's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtractine 7c from line 6)		7.1				
Section B. Total Support						
alendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	-					
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	<del></del> .					
3 Total support (Add lines 9, 10c, 11, and 12)						
4 First five years. If the Form 990 is for t	he organization'	s first, second, thii	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here					. ,, , g/	· <b>▶</b> [.
Section C. Computation of Public	Support Pe	rcentage				
5 Public support percentage for 2009 (lin			column (f))	-	15	
6 Public support percentage from 2008 S		•			16	
ection D. Computation of Invest						
7 Investment income percentage for 200					17	
8 Investment income percentage from 20	•	•	ic 10, column (i)		18	
9a 33 1/3% support tests - 2009. If the o			on line 14 and line	15 is more than		
						, is not
more than 33 1/3%, check this box and						<b>►</b>
b 33 1/3% support tests - 2008. If the o						and
line 18 is not more than 33 1/3%, chec		<del>-</del>	· <u>·</u> ·		_	<b>₽</b> ⊨
20 Private foundation. If the organization			406 1 1 1 1	and the control of th		<b>►</b> 1

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

COMMITTEE FOR MISSING CHILDREN, INC.

Employer identification number 58-2215576

Par	t I	<b>Organizations Maintaining Donor Advise</b>	d Funds or Other Similar Funds	s or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total r	number at end of year		
2	Aggre	gate contributions to (during year)		
3	Aggre	gate grants from (during year)		
4	Aggre	gate value at end of year		
5	Did th	e organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the	e organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did th	e organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for ch	aritable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
		missible private benefit?		Yes No
Par	<b>t II</b>	Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpo	se(s) of conservation easements held by the organizati	on (check all that apply).	
		Preservation of land for public use (e.g., recreation or p		storically important land area
		Protection of natural habitat		tified historic structure
		Preservation of open space		
2	Comp	lete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
		the tax year.		
				Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b	Total a	acreage restricted by conservation easements		2b
С	Numb	er of conservation easements on a certified historic str	ucture included in (a)	2c
d	Numb	er of conservation easements included in (c) acquired a	after 8/17/06	2d
3	Numb	er of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year 🕨	<b></b>		
4	Numb	er of states where property subject to conservation ea	sement is located >	
5	Does	the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violati	ons, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff a	and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year 🕨
7	Amou	nt of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year <b>&gt;</b> \$
8	Does	each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)
	and s	ection 170(h)(4)(B)(ii)?		Yes No
9	In Par	t XIV, describe how the organization reports conservati	on easements in its revenue and expense	e statement, and balance sheet, and
	ınclud	e, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
		rvation easements.		
Par	1 111	_	-	Other Similar Assets.
		Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a		organization elected, as permitted under SFAS 116, no	•	
	treasu	ires, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, provide, in Part XIV, the text of
		otnote to its financial statements that describes these i		
b	If the	organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	nce sheet works of art, historical treasures,
	or oth	er similar assets held for public exhibition, education, o	r research in furtherance of public service	e, provide the following amounts relating to
		items:		<b>.</b>
	• •	evenues included in Form 990, Part VIII, line 1		► \$ ► \$
		ssets included in Form 990, Part X		
2		organization received or held works of art, histoncal tre		al gain, provide
		llowing amounts required to be reported under SFAS 1	16 relating to these items:	<b>.</b> .
а		nues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Asset	s included in Form 990, Part X		<b>\$</b>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 COMMITT	EE FOR MIS	SING CHIL	DREN,	INC.	5	8-22	15576	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historical	reasures,	or Othe	er Simila	r Asset	S (contin	ued)
3	Using the organization's acquisition, accessi								
	(check all that apply):		_						
а	Public exhibition	d	I Loan or e	xchange prog	rams				
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they furthe	r the organiza	tion's exe	mpt purpo	se ın Part	XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, historical tr	easures, or ot	her sımılaı	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's	collection?				Yes	No
Par	t 🚺 Escrow and Custodial Arran	-	ete if organization	answered "Y	es" to Fori	m 990, Par	t IV, line 9	, or	
	reported an amount on Form 990, Par	t X, line 21.			_				
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contributi	ons or other a	assets not	ıncluded	_		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIV $$	and complete the fo	ollowing table:						
								Amount	
C	Beginning balance					1c		<u> </u>	
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe		21?					Yes	L No
	If "Yes," explain the arrangement in Part XIV.								
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to						
		(a) Current year	(b) Prior year	(c) Two ye	ars back	<b>(d)</b> Three ye	ears back	(e) Four	ears back
1a	Beginning of year balance			<del> </del>		·······			·······
b	Contributions					·			
C	Net investment earnings, gains, and losses				<del></del>				
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs					······			
f	Administrative expenses				<del>, ., ,,,</del>				·····
9	End of year balance			_	l				
2	Provide the estimated percentage of the year	r end balance held a							
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
		%							
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	d and adminis	tered for t	he organiza	ation	Г.	
	by:								Yes No
	(i) unrelated organizations							3a(i)	<del></del>
	(ii) related organizations							3a(ii)	
	If "Yes" to 3a(II), are the related organizations							3b	
4	Describe in Part XIV the intended uses of the			00 D 4 V lo	- 10				
181	t VI Investments - Land, Building						<del> </del>	<u> </u>	
	Description of investment	(a) Cost or o	1 '	ost or other		ccumulate	d	(d) Book	value
	<del></del>	basis (investr	nent) Das	is (other)	Uel	preciation			
1a	Land				-				
Ь	Buildings				<del> </del>				
C	Leasehold improvements	16	897.		-	41,58	36	5	,311.
d	Equipment	40,	031.		+	41,00			1211.
e	Other	Common Co	V solume (B) ha	10/011	<u>.l</u>			- 5	.311.

Schedule D (Form 990) 2009

	FOR MISSING C		INC. 58	<u>-2215576</u>	Page 3
Part VII Investments - Other Securities.	ee Form 990, Part X, line	12.			
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of value Cost or end-of-year ma		
Financial derivatives					
Closely-held equity interests	-				
Other		_			
				<del></del>	
			<u> </u>		
Total (Col (b) must equal Form 990, Part X, col (B) line 12 ) ▶					
Part VIII Investments - Program Related.	See Form 990, Part X, line	13.			
(a) Description of investment type	(b) Book value		(c) Method of valua Cost or end-of-year man		
			Cost of end-or-year mai	Net value	
					· · · · · · · · · · · · · · · · · · ·
				<del></del>	
	-	<del></del>			
	+			<del></del>	
	-				
	<del>                                     </del>				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )					
Part IX Other Assets. See Form 990, Part X, lin	e 15.				
	) Description			(b) Book val	lue
	<u></u> .				
		<del></del>		<del>.</del> .	
Total. (Column (b) must equal Form 990, Part X, col (B) lin		<del></del>			
Part X Other Liabilities. See Form 990, Part X  1. (a) Description of liability	., line 25.	(b) Amount			
		(b) Amount			
Federal income taxes ACCRUED PAYROLL TAXES & W/H		6,60	<del>-</del>		
ACCRUED TELEMARKETING		159,000			
ACCROUD TELEPRAKELING		133,000	<del>9 •</del>		
			-		
			_		
		-			
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 25.)	165,610	0.		
2. FIN 48 Footnote. In Part XIV, provide the text of the fo				anization's liabilit	y for
uncertain tax positions under FIN 48.	_		,	-	

Schedule D (Form 990) 2009

932053 02-01-10

Sche	dule D (Form 990) 2009 COMMITTEE FOR MISSING CHIL	DREN,	INC.		58-	2215576	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financ	cial S	tatemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		2,153	
2	Total expenses (Form 990, Part IX, column (A), line 25)		•	2		2,279	750.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		<125	910.
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses		Ì	6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)		Ì	8		<3	834.
9	Total adjustments (net). Add lines 4 through 8			9			834.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and	d 9		10		<129	744.
	t XII Reconciliation of Revenue per Audited Financial Stateme		h Reven	ue p	er Retur		
1	Total revenue, gains, and other support per audited financial statements				1	2,153	840.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
c	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
	Add lines 2a through 2d			•••	2e		0.
3	Subtract line 2e from line 1				3	2,153	840.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	2,153	,840.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents Wi	ith Expe	nses	per Retu		
1	Total expenses and losses per audited financial statements				1	2,279	750.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b	•			ĺ	
С	Other losses	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	2,279	<u>,750.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b				4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	2,279	,750 <b>.</b>
Pa	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines 1a	and 4; Pa	rt IV, lu	nes 1b and	2b; Part V, line	4; Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	olete this i	part to prov	vide ar	ny additiona	d information.	
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:						
EXC	CHANGE GAIN (LOSS): -3834.		<u> </u>				

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

COMMITTEE FOR MISSING CHILDREN, INC. 58-2215576 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) TELEPHONE Yes No 1442515. SOLICITATION X 1641520 199,005. XENTEL, INC. DIRECT MAIL NEWPORT CREATIVE COMMUNICATIONS SOLICITATION X 469,922 452,303. 17,619. TELEPHONE SOLICITATION X 21,009 19,462. 1,547. MERIT FUNDRAISING 2132451. 1914280. 218,171. 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

932081 02-03-10

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Schedule G (Form 990 or 990-EZ) 2009

COMMITTEE FOR MISSING CHILDREN, INC. 58-2215576 Page 2 Schedule G (Form 990 or 990-EZ) 2009 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue 1 Gross receipts 2 Less: Charitable contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Expenses 6 Rent/facility costs Food and beverages Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: **9**a a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Sch	edule G (Form 990 or 990-EZ) 2009 COMMITTEE FOR MISSING CHILDREN, INC. 58-221	557	6 p	age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility 13a %			
þ	An outside facility 8			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Discretar/afficer			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a	[	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			

Schedule G (Form 990 or 990-EZ) 2009

#### **SCHEDULE 0** (Form 990)

#### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Department of the Treasury Internal Revenue Service	Attach to Form 990.	Department of the Treasury							
Name of the organization	COMMITTEE FOR MISSING CHILDREN, INC.	Employer identification n 58-2215576	umber						
FORM 990, PA	RT III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:							
THROUGH THE	DEDICATION OF OUR PHOTO PARTNERS, WE PRODUCE	AND DISTRIBUTE							
IMAGES OF MI	SSING CHILDREN WORLDWIDE.								
WE GATHER AN	D SHARE INFORMATION, SERVE AS A CLEARINGHOUSE	FOR	_						
INFORMATION	AND THE LAWS ABOUT MISSING AND ABDUCTED CHILD	REN, AND ARE							
DEVELOPING T	HE LARGEST WEB-BASED INFORMATIONAL DATABASE OF	N THIS							
SUBJECT.									
	· · · · · · · · · · · · · · · · · · ·								
THROUGH OUR	SAFETY AND PREVENTION PROGRAM WE DISTRIBUTE S.	AFETY RULES,							
POSTERS, AND	IDENTITY KITS, AS WELL AS SAFETY AND PREVENT	ION							
INFORMATION	THROUGH OUR WEBSITE.	<del> </del>							
FORM 990, PA	RT VI, SECTION A, LINE 2: CEO DAVID C. THELEN	, AN EMPLOYEE,							
AND SECRETAR	Y KAREN THELEN, AN EMPLOYEE, ARE HUSBAND AND	WIFE.							
FORM 990, PA	RT VI, SECTION B, LINE 11: ALL BOARD MEMBERS	ARE PROVIDED W	ITH						
A COPY OF TH	E AUDITED FINANCIAL STATEMENTS AND THE FEDERA	L FORM 990 PRI	OR						
TO FILING WI	TH THE INTERNAL REVENUE SERVICE AND THE VARIO	US STATES. AN	Y						
QUESTIONS RE	GARDING SAME ARE DIRECTED THROUGH THE CEO TO	THE INDEPENDEN	<u>T</u>						
AUDITOR WHO	PREPARES THE FORM 990.								
FORM 990, PA	RT VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:							
GA, UT, ND, AL,	CT, IL, KS, KY, LA, ME, MD, MA, MN, NH, NJ, NY, NC, OR, OH,	PA,RI,TN,VA,WA	,CA						

Schedule O (Form 990) 2009

WI, OK, AK, FL, MI, WV, MS

#### **SCHEDULE O**

(Form 990)

#### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. Name of the organization

**Employer identification number** 58-2215576

COMMITTEE FOR MISSING CHILDREN, INC.	58-2215576
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE FOR INSPI	
CORPORATE OFFICE DURING NORMAL BUSINESS HOURS. COPIES AR	E AVAILABLE UPON
WRITTEN REQUEST.	
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTO	ORS, ETC:
CHRISTIANE HIRTS - POSTFACH 1252; D-63502, LANGENSELBOLD	GERMANY, GERMANY
GEORGE W. MARLOW - 606 CROGAN STREET, LAWRENCEVILLE, GA 3	0045
DONALD PUTTERMAN - 4 PRINCETON STREET, SCHENECTADY, NY 12	304
JOHN STRANGE - 405 S. MULBERRY STREET, ELIZABETHTOWN, KY	42701
LINDA SHAY GARDNER - 740 MAIN ST, BETHLEHEM, PA 18018	
BARBARA KURTH - 1190 BISHOP HILL ROAD, CHARLOTTESVILLE, V	A 22902
DANDARA ROKIII - 1170 DIGIGI IIIII ROAD, CHARDOTIBUTIBUTI	11 22702
HARALD WEISKER - JAHNSTRASSE 14; D-63110, RODGAU GERMANY,	GERMANY
BILL WATERMAN - AIR FORCE RESERVE COMMAND HQ, ROBINS AFB,	GA
NOEL P. WALSH - 5409 ST. LYONN PLACE, MARIETTA, GA 30069	
BOB WHEELER - 1667 RIVERMIST DRIVE, LILBURN, GA 30047	

RALF SCHMITT - RUDOLF-CAMERER STR. 9, 81369 MUNICH GERMANY,

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Schedule O (Form 990) 2009

#### **SCHEDULĘ O**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization	COMMITTEE	FOR MISSING	CHILDREN,	INC.	Employer identification number 58-2215576
FORM 990, PART	XI, LINE 2C				
THERE WAS NO C		PROCESS OF	SELECTING	THE INDEP	ENDENT
ACCOUNTANT.					
				_	
-					
				<del></del>	
		<del> </del>			
			<del></del>		
		···	<del></del>		
		<del> </del>	•		
			· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·	<u>-</u>	<u> </u>	
			<u>-</u>		
	<del></del>		-		

Department of tha Treasury Internal Ravanua Servica (99) Name(s) shown on return

### **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Business or activity to which this form relates

990

Identifying number

COMMITTE	E FOR MISSING	CHILDREN	, INC.	FORM	1 990 1	PAGE 10		58-2215576
Part I Elect	ion To Expense Certain Prope	rty Under Section 1	79 Note: If you ha	ave any liste	ed property,	complete Part	V before y	
1 Maxımum a	mount See the instructions	s for a higher limit	for certain busin	esses			1	250,000.
2 Total cost of	of section 179 property plac	ed in service (see	instructions)				2	3,537.
3 Threshold o	ost of section 179 property	before reduction	ı ın limitation				3	800,000.
4 Reduction I	n limitation. Subtract line 3	from line 2. If zero	o or less, enter -0	•			4	0.
5 Dollar limitation	for tax year Subtract line 4 from line	e 1 If zero or less, enter	r-0- If mamed filing se	eparately, see Ir	nstructions		5	250,000.
6	(a) Description of pr	roperty	(b	) Cost (busines	s usa only)	(c) Elected	l cost	
		<u> </u>						
7 Listed prop	erty. Enter the amount from	n line 29			7			
8 Total electe	d cost of section 179 prope	erty. Add amounts	s ın column (c), lır	nes 6 and 7			8	
9 Tentative de	eduction. Enter the smaller	of line 5 or line 8					9	
10 Carryover o	f disallowed deduction from	n line 13 of your 2	008 Form 4562				10	
11 Business in	come limitation. Enter the s	maller of busines	s income (not les	s than zero	) or line 5		11	250,000.
12 Section 179	expense deduction. Add I	ines 9 and 10, bu	t do not enter mo	re than line	11		12	
13 Carryover o	of disallowed deduction to 2	010. Add lines 9	and 10, less line	12	▶ 13			
	se Part II or Part III below fo		· ·					
Part II Sp	ecial Depreciation Allowa	nce and Other D	epreciation (Do	not include	e listed prop	perty.)		
14 Special dep	reciation allowance for qua	alified property (ot	her than listed pr	operty) plac	ced in service	ce during		
the tax year			•				14	
	blect to section 168(f)(1) el	ection					15	
	eciation (including ACRS)						16	2,611.
	ACRS Depreciation (Do no	ot include listed p	roperty.) (See ins	tructions.)				
	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	Section					
17 MACRS dec	ductions for assets placed	ın service in tax v	ears beginning b	efore 2009			17	
	ng to group any assets placed in ser	-			ints, check here	. ▶□		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Section B - Assets						tion Syste	em
(a) Cl	assification of property	(b) Month and year placed In service	(c) Basis for dep (business/invest only - see Instr	ment use	(d) Recovery period	(e) Convention	(f) Mathod	(g) Depreciation deduction
19a 3-year p	property							· · · · · · · · · · · · · · · · · · ·
	property							
	property							
	property							
	property							
	property							
	property				25 yrs.		S/L	
		/			27.5 yrs.	MM	S/L	
h Resider	ntial rental property	/			27.5 yrs.	MM	S/L	
		1			39 yrs	ММ	S/L	
i Nonres	idential real property	/			99719	MM	S/L	
-	Section C - Assets I	Placed in Service	During 2009 Ta	x Year Usi	ng the Alte			tem
20a Class In							S/L	
b 12-year					12 yrs.		S/L	
c 40-year		/			40 yrs.	ММ	S/L	
7.77	immary (See instructions)		<del> </del>		<b>,</b>	1		
	erty. Enter amount from line	e 28			<del></del>		21	
• •	amounts from line 12, lines		nes 19 and 20 in	column (a)	and line 21	_	<u></u> -	
	and on the appropriate lines	_					22	2,611.
	shown above and placed in				5.10 556 118			- <del></del>
	he basis attributable to sec		Juliant your, o		23			
040054	For Paperwork Reduction		separate instru	ctions.				Form <b>4562</b> (2009)

Fo	rm 4562 (2009)	COM	MITTEE	FOR	MISS	ING	CHIL	DRE	N, IN	ic.		<u> 58-</u>	-2215	5/6	Page
P	art V Listed Proper			certain oth	ner vehic	cles, c	ellular tele	phone	s, certain	comput	ers, and	property	y used fo	or entert	lainmer
	recreation, or a			usina the	standar	d mile:	age rate o	r dedu	ctina leas	e expen:	se. comp	leteoniv	v 24a. 24	lb. colui	mns (a)
	through (c) of														
	Section A	<ul> <li>Depreciati</li> </ul>	on and Othe	er Informa	ation (Ca	autior	n: See the	Instru	ctions for i	imits for	passeng	er autoi	mobiles)		
248	a Do you have evidence to s	support the bu	siness/investr	nent use cl	almed?		Yes 🗌	☐ No	24b If "Y	'es," ıs t	he evide	nce writ	ten?	Yes	No
	(a)	(b)	(c)	. 1	(d)		(e)		(f)		(g)	(	(h)		(i)
	Type of property	Date placed in	Business	nt	Cost or	- 1	Basis for depi (business/inv		Recovery		thod/		eciation		ected ion 179
	(list vehicles first )	service	use percent		her basis		usa oni		period	Con	vention	000	uction	1	ost
25	Special depreciation all	owance for c	ualified listed	d property	placed	ın ser	vice durin	g the t	ax year ar	nd					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more that	ın 50% ın a c	qualified busi	ness use:											
				%											
				%	•										
		1		%											
27	Property used 50% or le	ess in a qual	ified busines	s use:					•	•					
				%		Ī				S/L·					
				%	-					S/L·			_		
_		<u> </u>		%						S/L·				1	
28	Add amounts in column	(h) lines 25	through 27		e and or	line 2	21 page 1			10,2	28		-		
	Add amounts in column		_				- i, pago i					·	29		
<u> 20</u>	Add amounts in column	1 (1), 11110 20. 1	inter nere an	•			on on Use	of Vel	hicles			-	, 20		
Co	mplete this section for ve	shicles used	by a sole or		_					or relate	d nerson				
	ou provided vehicles to												ing this s	section f	for
-	se vehicles.	rour employs	soo, mot and	wor the qu	303110110	00			,00 111001	u,, 0,,00	p.1.0.1. to t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
_				T .		I	/L\	T	(0)	1 .		,	/o)	1 7	<u></u>
~~	Tatal business for makes and		lman Aba	1	a)	Ι,	(b)	Ι,	(c)	1	(d)		(e) biolo	1	(f)
30	Total business/investment		luring the	Vei	nicle	<u> </u>	Vehicle	+	/ehicle	ve	hicle	ve	hicle	Ve	hicle
	year (do not include com			-									•	<del>                                     </del>	
	Total commuting miles	-				-		+						<del> </del>	
32	Total other personal (no	ncommuting	g) miles									ļ			
	driven					<del>                                     </del>		+		<del> </del>				-	
33	Total miles driven during							1		ļ				ŀ	
	Add lines 30 through 32			<u> </u>	1	ļ.,,					T		1	<del>                                     </del>	Т
34	Was the vehicle availab	le for persor	nal use	Yes	No	Yes	s No	Yes	s No	Yes	No	Yes	N <sub>O</sub>	Yes	No
	during off-duty hours?				ļ	ļ .		<del>- </del>		ļ	<del></del>		ļ —	├	+-
35	Was the vehicle used p		more												
	than 5% owner or relate	•			<b></b>	<u> </u>	_	<b></b> -		ļ	<b>_</b>	<u></u>		<del> </del>	+
36	Is another vehicle availa	able for perso	onal			Ì									1
	use?				l	L					<u> </u>	l	<u> </u>	<u> </u>	
		Section C	- Questions	for Emp	loyers V	Vho P	rovide Ve	hicles	for Use b	y Their	Employe	ees			
An	swer these questions to	determine if	you meet an	exception	n to com	ıpletın	g Section	B for v	ehicles us	sed by e	mployee	s who a	re not n	ore tha	.n 5%
_	ners or related persons.														
37	Do you maintain a writte	en policy sta	tement that <sub>l</sub>	prohibits a	all perso	nal us	e of vehic	les, inc	cluding co	mmuting	g, by you	r		Yes	No
	employees?													<u> </u>	<u> </u>
38	Do you maintain a writte	en policy sta	tement that (	prohibits p	personal	use c	of vehicles	, excep	ot commu	tıng, by	your				
	employees? See the ins	structions fo	r vehicles use	ed by corp	oorate o	fficers	, directors	s, or 19	% or more	owners				<u> </u>	
39	Do you treat all use of v	ehicles by e	mployees as	personal	use?									<u> </u>	
40	Do you provide more th	an five vehic	les to your e	mployees	, obtain	ınforn	nation fror	n your	employee	s about					
	the use of the vehicles,	and retain th	ne informatio	n received	<b>d?</b>										
41	Do you meet the require	ements cond	erning qualif	ied autom	obile de	mons	tration us	e?							
	Note: If your answer to	37, 38, 39, 4	10, or 41 is "\	∕es," do n	ot comp	lete S	ection B f	or the	covered v	ehicl <b>e</b> s					
P	art VI Amortization														
	(a)			(b)			<del>=</del> )		(d)		(e)			(f)	
	Description of	of costs	D	ate amortization begins		Amort amo	izable ount		Code section		Amoniza pendo or pe		A fi	mortization or this year	r n
42	Amortization of costs th	nat begins di	uring your 20		ar:										
			, , , , , , , , , , , , , , , , , , ,									_			
_				•											
43	Amortization of costs th	nat began be	fore your 20	09 tax ve	ar							43			
	Total. Add amounts in					o repo	ort					44			

Form 4562 (2009)

# THE COMMITTEE FOR MISSING CHILDREN, INC. LAWRENCEVILLE, GEORGIA ACCOUNTANTS' REPORT AUGUST 31, 2010





Certified Public Accountants and Advisors

Members
American Institute of Certified Public Accountants
Georgia Society of Certified Public Accountants

1770 Indian Trail Road Suite 200 P O. Box 931658 Norcross, GA 30003-1658

#### **INDEPENDENT AUDITOR'S REPORT**

To the Executive Committee of the Board of Directors The Committee for Missing Children, Inc. Lawrenceville, Georgia

We have audited the accompanying consolidated statement of financial position of The Committee for Missing Children, Inc. (a not- profit organization) as of August 31, 2010, and the related consolidated statements of activities and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Committee for Missing Children, Inc. as of August 31, 2010, and the changes in net assets and its cash flows for the year then ended in conformity with generally accepted accounting principles generally accepted in the United States of America.

Lyon CPA's, P.C.

Certified Public Accountants

Norcross, Georgia, December 14, 2010.

# THE COMMITTEE FOR MISSING CHILDREN, INC. CONSOLIDATED STATEMENT OF FINANCIAL POSITION AUGUST 31, 2010

#### **ASSETS**

CURRENT ASSETS  Cash and cash equivalents  Total Current Assets	\$ .	255,731 255,731
PROPERTY AND EQUIPMENT  Furniture and fixtures  Machinery and equipment  Computer software  Computer hardware  Total	\$ 7,143 19,479 3,072 17,203 46,897	
Less: Accumulated depreciation	 41,586	5,311
OTHER ASSETS Deposits		1,424
TOTAL ASSETS	<b>\$</b> <sub>=</sub>	262,466
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES Accounts payable Accrued fundraising Accrued expenses Total Current Liabilities	\$	15,631 159,006 <u>6,604</u> 181,241
Total Liabilities		181,241
NET ASSETS Unrestricted		81,225
TOTAL LIABILITIES AND NET ASSETS	\$	262,466

The accompanying Notes to Financial Statements are an integral part of this statement.

# THE COMMITTEE FOR MISSING CHILDREN, INC. CONSOLIDATED STATEMENT OF ACTIVITIES FOR THE YEAR ENDED AUGUST 31, 2010

CHANGES IN UNRESTRICTED NET ASSETS		
Revenues and Gains:		
Fundraising revenues	\$	2,135,189
Other cash donations		15,565
Foreign currency transaction gain (loss)		(98)
Investment income		3,184
Total Unrestricted Revenues and Gains		2,153,840
Expenses:		
Photo distribution	\$ 13,734	
Parent advocacy	163,283	
Information database	59,736	
International operations	77,805	
Management and operations	48,701	
Total Program Expenses	363,259	
Fundraising expenses	<u>1,916,491</u>	<u>2,279,750</u>
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS		(125,910)
FOREIGN CURRENCY TRANSLATION GAIN (LOSS)		(3,834)
NET ASSETS AT BEGINNING OF YEAR		210,969
NET ASSETS AT END OF YEAR	\$	81.225

The accompanying Notes to Financial Statements are an integral part of this statement.

# THE COMMITTEE FOR MISSING CHILDREN, INC. CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED AUGUST 31, 2010

CASH FLOWS FROM OPERATING ACTIVITIES		æ	(125.010)
Increase (decrease) in net assets		\$	(125,910)
Adjustment to reconcile decrease in net assets to			
net cash provided by operating activities:			
Depreciation and amortization	\$	2,611	
Change in:			
Accounts payable		(610)	
Accrued fundraising		(74,733)	
Accrued expenses		(465)	(73,197)
NET CASH USED IN OPERATING ACTIVITIES		,	(199,107)
			, , ,
CASH FLOWS FROM INVESTING ACTIVITIES			
Foreign currency transaction gain (loss)		(3,834)	
Increase in fixed assets		(3,537)	
	-	(3,331)	(7 271)
NET CASH USED IN INVESTING ACTIVITIES		•	<u>(7,371</u> )
NET DECREASE IN CASH			(206,478)
NET DECREASE IN CASIT			(200,470)
CASH AND CASH EQUIVALENTS, SEPTEMBER 1, 2009			462,209
CHOIT MAD CHOIT EQUIVABLIATO, OEL TEMBER 1, 2007			
CASH AND CASH EQUIVALENTS, AUGUST 31, 2010		\$	255,731
Chorinia Chori E Corvinadivio, 110 Coor 21, 2010		7	
SUPPLEMENTAL CASH FLOW INFORMATION			
		\$	1.622
Interest paid		Ф	1,044

The accompanying Notes to Financial Statements are an integral part of this statement.

## THE COMMITTEE FOR MISSING CHILDREN, INC. CONSOLIDATED NOTES TO FINANCIAL STATEMENTS AUGUST 31, 2010

#### NOTE 1 – OPERATIONS

The Organization was established as a not-for-profit corporation in 1996. Its purpose is to distribute photographs of missing children, to advocate parents' rights by ensuring that parents of missing children receive all the help they deserve, to establish a database of information that will assist in efforts of returning missing children to their parents, and to operate a safety and prevention program. Primary support is from donor contributions that are solicited by three telemarketing agencies and a direct mail fundraiser, both operating throughout the United States. Other support is through contributions sent directly to the Organization.

The consolidated financial statements include the accounts of The Committee For Missing Children GmbH, a German corporation. All significant intercompany transactions and balances have been eliminated. The non-profit German corporation was established to enable the organization to solicit contributions in that country.

#### NOTE 2 - ACCOUNTING PRINCIPLES

#### Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all short-term securities purchased with a maturity of three months or less to be cash equivalents.

#### Fixed Assets

Fixed assets are recorded at cost less accumulated depreciation. Major expenditures for improvements that substantially increase useful lives are capitalized. Maintenance, repairs, and minor renewals are expensed as incurred. When assets are retired or otherwise disposed of, their costs and related accumulated depreciation are removed from the accounts and resulting gains or losses are included in income. Depreciation is computed by straight-line and accelerated methods over estimated useful lives. The current year's depreciation expense totaled \$2,611.

#### Income Taxes

The Organization is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code as other than a private foundation.

#### Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, Financial Statements of Not-for-Profit Organizations. Under SFAS No. 117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. There were no restrictions on net assets as of August 31, 2010.

### THE COMMITTEE FOR MISSING CHILDREN, INC. CONSOLIDATED NOTES TO FINANCIAL STATEMENTS AUGUST 31, 2010

#### NOTE 3 - USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### **NOTE 4 - CONCENTRATIONS**

The Company maintains cash in bank accounts that may, at times, exceed the federally insured deposit limit. The Company has not experienced any losses on these accounts.

The Organization has contracted with certain professional fundraising companies to solicit funds. The Organization has an agreement with three telemarketing companies that are compensated based on percentages of contributions collected. The contracts have a duration of one year and are annually renewable. The Organization has contracted with a company that raises funds by direct mail solicitations. That fundraising company is compensated based upon a fixed fee for each piece mailed. Revenues from other fundraising activities were not significant during the current year.

#### NOTE 5 - CONTRIBUTED SERVICES

The Organization has received contributed services from several organizations to assist in the photo distribution campaign by printing posters and flyers at no cost to the organization. The value of these services was not obtainable for the year ending August 31, 2010, but it is estimated that between 25 and 30 million flyers were distributed through various programs.

Several organizations continue to donate space in their publications for articles on child abduction. To date, 20 articles authored by the Organization's chief operating officer have been published in various publications.

The organization has over 30 partners that donate space in their catalogs and newsletters for photos of missing and abducted children.

#### NOTE 6 – FUNCTIONAL ALLOCATION OF EXPENSES

The costs of providing the various programs and activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.



Certified Public Accountants and Advisors

Members American Institute of Certified Public Accountants Georgia Society of Certified Public Accountants 1770 Indian Trail Road Suite 200 PO. Box 931658 Norcross, GA 30003-1658

#### INDEPENDENT AUDITOR'S REPORT ON ADDITIONAL INFORMATION

To the Executive Committee of the Board of Directors of The Committee for Missing Children, Inc. 242 Stone Mountain Street Lawrenceville, Georgia 30045

Our report on our audit of the basic financial statements of The Committee for Missing Children, Inc. appears in the preceding section. That audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The consolidated schedule of functional expenses is presented for the purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Lyon CPA's, P.C.

Certified Public Accountants

Norcross, Georgia, December 14, 2010.

# THE COMMITTEE FOR MISSING CHILDREN, INC. CONSOLIDATED SCHEDULE OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED AUGUST 31, 2010

		<b></b>	<b>D</b>	T. C	T.,	Management and
	D	Photo	Parent <u>Advocacy</u>	Information <u>Database</u>	International Operations	Operations
	וֹטַנ	stribution	Advocacy	Database	Operations	Operations
Officer salaries	\$	4,459	53,512	22,296	-	8,919
Salaries and wages	•	2,150	25,800	10,750	44,301	4,300
Payroll taxes		470	5,646	2,352	8,537	941
Rent-office		570	6,840	2,850	10,943	1,140
Utilities		145	1,734	723	-	289
Rent-storage		3,000	-	-	-	-
Office maintenance		41	492	205	-	82
Security system		15	184	77	-	31
Promotions		-	996	-	-	-
Public relations		-	12,022	-	-	-
Casual labor-office		575	6,899	2,875	1,825	1,150
Parent advocacy		-	21,453	-	474	-
Legal		417	5,003	2,084	330	834
State registrations		182	2,187	912	-	364
Bank fees		16	196	82	830	
Insurance		98	1,181	492	1,297	197
Accounting and auditing		488	5,850	2,437	586	
Telephone		375	4,496	3,091	2,240	749
Equipment rental and						
maintenance		109	1,308	545	-	218
Travel, meals and						
entertainment		-	-	-	2,474	22,885
Board meetings		_	-	-	-	75
Office supplies		351	4,202	1,751	2,129	700
Computer supplies		37	447	186	235	
Dues and memberships		-	-	-	-	1,550
Donations		-	-	~	-	1,050
Postage		138	1,660	692		
Internet and web access		-	-	546		-
Web page development		-	-	4,300		
Interest		-	-	-	58	
Deprectation		98	1,175	490	652	196
TOTALS	\$	<u> 13,734</u>	<u>163,283</u>	59,736	<u>77,805</u>	48,701

The preceding Notes to Financial Statements are an integral part of this statement.

#### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

<ul> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box</li> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).</li> <li>Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.</li> <li>Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).</li> <li>A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete</li> </ul>	<b>▶</b> X		
<del></del>			
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete			
Part I only	<b>&gt;</b>		
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.	ne		
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file on noted below (6 months for a corporation required to file Form 990·T). However, you cannot file Form 8868 electronically if (1) you want (not automatic) 3-month extension or (2) you file Forms 990·BL, 6069, or 8870, group returns, or a composite or consolidated Form you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, www.irs.gov/efile and click on e-file for Charities & Nonprofits.	ant the additional 990-T. Instead,		
Type or Name of Exempt Organization Employer iden	Employer identification number		
COMMITTEE FOR MISSING CHILDREN, INC. 58-221	5576		
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.  242 STONE MOUNTAIN STREET			
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  LAWRENCEVILLE, GA 30046-5664			
Check type of return to be filed (file a separate application for each return):			
X Form 990 Form 990·T (corporation) Form 4720			
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227			
Form 990-EZ Form 990-T (trust other than above) Form 6069			
☐ Form 990-PF ☐ Form 1041-A ☐ Form 8870			
DAVID THELEN			
• The books are in the care of ▶ 242 STONE MOUNTAIN ST - LAWRENCEVILLE, GA 30045			
Telephone No. ► 800-525-8204 FAX No. ►			
If the organization does not have an office or place of business in the United States, check this box	▶ □		
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole	e group, check this		
box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and EINs of all members the ex	tension will cover.		
1   request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until APRIL 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:	sion		
► X tax year beginning SEP 1, 2009 , and ending AUG 31, 2010 .			
2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in	accounting penod		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
nonrefundable credits. See instructions.  3a \$			
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any pnor year overpayment allowed as a credit.  3b \$			
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,			
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			
See instructions  3c \$	N/A		
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for pay	yment instructions.		

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.